PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
	100 t	CLAIMS A	S FILED	– PART I			•			. /	2 11.	
L	11/01	/ B	(Column 1) (Column 1)			7	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
BA	FOR SIC FEE	NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE	1	RATE	FEE	
(37	CFR 1.16(a)) TAL CLAIMS					十		- s	OR		3	
(37	CFR 1.16(c))	140	minus	10 2			x \$ =	<u> </u>	OR	X4_=		
(37	CFR 1.16(b))	IMS I	minus 3 =]	x \$=		OR	x \$=	·	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	.+\$ =		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		
1 / CLAIMS AS AMENDED - PART II												
4	SONG (Column 1) (Column 2)				(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT]	RATE	ADDI-	1	RATE `	. ADDI-	
		AFTER AMENDMENT	<u> </u>	PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		. 1012	TIONAL	
	Total (37 CFR 1.15(c))	14	Minus	" A	=		x \$=		-OR	x s =		
	Independent (37 CFR 1.18(5))	. 5	Minus	175	=		x \$=		OR	x \$ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5		OR	+6 =		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI-	
	Total	AMENDMENT .	Minus	PAID FOR	=			FEE	٠		TIONAL FEE	
	(37 CFR 1.15(c)) Independent	•	Minus		=		x \$=		OR	x \$=	· · · · · · · · · · · · · · · · · · ·	
	(37 CFR 1.16(b))		!	<u> </u>	<u> </u>	-	x \$=		OR	x \$=		
· ~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+ \$=		
							ADD'L FEE		OR	TOTAL ADD'L FEE		
-	-	(Column 1)		(Column 2)	(Column 3)	-						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))		Minus	••	= ' .		x \$=		OR	x s=	722	
	Independent (37 CFR 1.16(b))	•	Minus			ſ	x \$=		OR	x \$ =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ſ	+ \$=		OR	+ \$ =		
	-						TOTAL ADD'L FEE		OR L	TOTAL ADD'L FEE		
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.